

were elected to be the first president and secretary of the new society at the inaugural meeting held at Airley House, Warrenton, Virginia, on October 26 and 27, 1963. The need for the society arises in part because specialists in infectious diseases today are relatively few in number but must concern themselves with a wider field than ever before. As well as requiring a full knowledge of the older infectious diseases, they must also be familiar with a new world of chemotherapy and virus diseases which barely existed 15 years ago. The new society will provide a forum for the exchange of such information, and the two symposia at the first meeting, one on interferon and one on the micro-anatomy and physiology of inflammation, made it clear that much first-class work is now going on in relation to infectious diseases.

In Canada, with its much smaller population, there are fewer opportunities for physicians in clinical medicine to devote full attention to infectious diseases, and in many Canadian centres, interest in infectious disease is chiefly manifested among physicians working in laboratory medicine. It might be noted in this context that only in 1962 did the Royal College of Physicians and Surgeons of Canada introduce a Fellowship in Medicine modified for Bacteriology, with an examination covering the clinical as well as the laboratory aspects of infectious disease. Perhaps the pendulum is swinging back. If so, this is only to be expected, because a group of diseases which at some time or another affect so many members of the population, and which involve such subtleties as the triple interaction of antibiotic, parasite and host, still holds much that is of interest to the practitioner of medicine.

LITERARY-MEDICAL DIAGNOSIS

MEDICAL historians, amateur and professional, have always manifested an interest in the illnesses of the great and in descriptions of disease as they appear in non-professional literature. Much painstaking detective work has been expended in analyzing Julius Caesar's "falling sickness", or Beethoven's deafness, for example, and the relation between these illnesses and the life and work of the individual. Another type of investigation is directed toward the diagnosis of conditions affecting such literary figures as the fat boy described in Dickens' "Pickwick Papers".

Recently a volume entitled "Disease and Destiny",¹ by the late Dr. Judson B. Gilbert of Schenectady, New York, was published in London by William Dawson & Sons Ltd. This work is not, as the title might suggest, an analysis of the role of disease in influencing world events. It is, rather, a bibliography of writings about the illnesses of the great. Under each name, listed alphabetically, are entries culled from medical journals, books and

periodicals in a number of languages. It is not a book to pick up and read; indeed, it contains no "reading material" *per se*.

But the would-be author who requires information about the medical history of some famous personage will find a gold mine in this volume. If, for example, his interest is in Francis Bacon, he will encounter 27 references to this subject, published between 1851 and 1956. If he seeks similar information concerning Baudelaire, he is provided with some 63 references. The names of hundreds of other notable personages are catalogued, from all eras and all nationalities.

The type of endeavour which attempts to postulate a medical diagnosis on the basis of hints provided by a novelist or biographer, probably untrained in medicine, is particularly challenging. Many fascinating examples are available for study, a most interesting series of which can be found in Russell Brain's essays on Samuel Johnson, Christopher Smart and others, contained in "Some Reflections on Genius".² The several articles on Dr. Johnson present in charming and convincing fashion Lord Brain's theories to account for the great man's eccentricities of behaviour.

Similarly, the effect of Goya's mysterious illness on his art provides an intriguing challenge. At the age of 47 he was struck down by a malady which left him totally deaf for the remaining 35 years of his life: thereafter his paintings changed from gay to macabre, from colourful to sombre and from pleasant dreams to grim nightmares.³

An especially interesting dissertation on "The Summoner's Occupational Disease" appeared in a recent issue of *Medical History*.⁴ This article, written by T. J. Garbaty, deserves attention for two reasons. First, the author advances the thesis that the Summoner's disease was syphilis. If correct, this hypothesis would effectively contradict the theory that syphilis was imported into Europe from the New World at the time of Columbus, for the Summoner was a character conceived by Chaucer, who wrote his "Canterbury Tales" more than a century before Columbus' voyage. Secondly, Dr. Garbaty, an English professor, has performed a noteworthy service for all who engage in this type of investigation, in that he has attempted to establish ground rules for what he terms literary-medical diagnosis. The basic rule in this context is that a literary-medical diagnosis can be achieved only by the working together of scholars representing both disciplines—a necessary but seldom practised procedure.

REFERENCES

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